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Medical Focus - Avian Flu Essentials

December 14, 2005

"The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise with the occasion. As our case is new, so we must think anew and act anew."

— Abraham Lincoln

Dear Colleague:

In the twelfth letter in the Avian Flu Essentials series, I would like to present key features of the Texas Department of State Health Services Pandemic Influenza Preparedness Plan and how these concepts are relevant to all states as they prepare for this health threat.

First, the Texas state plan, according to each of the World Health Organization pandemic phases, delineates activities into the following five categories - planning and coordination, situation monitoring and assessment, prevention and containment, health systems response, and communications. Therefore, course of actions are set for each area and involved officials are better guided to perform tasks.

Second, clear goals are presented, such as increasing surveillance to one physician per 250,000 individuals and setting target percentages for the distribution of vaccines and antiviral drugs. Furthermore, an inventory checklist for antiviral treatments is incorporated and the essential systems to track those supplies are addressed (see Appendices K and T). These two components are crucial to deliver antiviral drugs within 48 hours, manage limited stockpiles, and prevent redundancies in deliveries.

Third, the Texas pandemic plan has a contact list for the CDC Emergency Response, Department of State Health Services, and all of the state health service regions. Aside from telephone and fax numbers, a person's name is given as a point of contact, which is extremely useful during a disaster. In addition, the state's Health Alert Network (HAN) will be the primary mode to quickly notify various health departments and physicians throughout a pandemic (see page 36).

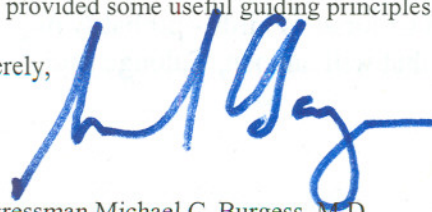
Fourth, the plan aims to coordinate the state and national responses by demonstrating how certain federal resources can be accessed. For example, mental health services are informed that they can apply for the federal crisis counseling program grant, which is due to the governor's department of emergency management within 14 days of federal disaster declaration.

Fifth, the plan takes into account populations that may be hard to reach due to cultural factors, illegal immigration status, or medically fragile homebound conditions, including the elderly, people with disabilities, and medically dependent children. Public health officials must incorporate these persons when estimating the number of desired vaccines and antiviral drugs as well as determine how to reach out to them. Since hospitals would be overwhelmed by the number of patients seeking care, tips on how to care for someone with influenza at home are provided too, such as when to call a physician and descriptions of over-the-counter cold remedies (see Appendix H).

Sixth, rapid responses to control an outbreak can only be achieved with clear chains of command. The flow chart for the Incident Command System (page 66), which is most effective to keep everyone informed daily and aid in coordinating activities, also comprises of the logistic and financial section chiefs. These two positions will help maintain adequate supplies and predict when extra assets are needed to keep operations flowing smoothly. Furthermore, clear divisions of labor are established for public health interventions in a chart that illustrates whether states or local government are responsible for various assignments (see Appendix G).

Another state plan is also discussed in an article on the reverse of this letter. I urge you to encourage your own state to design its own preparedness plan and hope that this overview has provided some useful guiding principles.

Sincerely,



Congressman Michael C. Burgess, M.D.

The Texas State Pandemic Influenza Preparedness plan can be found at:

<http://www.dshs.state.tx.us/idcu/disease/influenza/pandemic/default.asp>

Excerpt from The Intelligencer Wheeling News, *Flu Threat Real*, November 13, 2005

In Ohio: the HEICS [Hospital Emergency Incident Command System] plan requires that a hospital has colored vests and clipboards which correspond to different jobs and job categories and identify a person immediately upon sight, and he explained that particular step makes an emergency situation go much more smoothly.

Excerpt from Rocky Mountain News, *Colorado's avian flu plan 'one of best'*, December 2, 2005

WESTMINSTER - Colorado is far ahead of other states in the region in preparing for an avian flu pandemic, but it's also "probable" the disease will harm Colorado's \$116 million poultry industry, health officials said Thursday.

"I'd characterize Colorado's plan as one of the best we've seen," said Joe Nunez, Region 8 director of the U.S. Department of Health and Human Services.

"Colorado's also been running some exercises, practicing putting the plan in place," said Nunez, whose region encompasses Colorado, Utah, Wyoming, Montana, North Dakota and South Dakota.

"A lot of the other states haven't even come close to doing that."

Thursday, dozens of state and local agencies met in Westminster for the Interagency Influenza Response Coordination Conference.

Dr. Ned Calonge, Colorado's chief medical officer, told the group the chances of rapid human-to-human transmission of the dangerous H5N1 avian flu remain low but that it's "probable" the strain will reach Colorado sometime and infect birds here. And that could be devastating to the state's \$116 million poultry industry.

H5NI has alarmed world health officials because of the 51 percent fatality rate among humans who have been infected. Still, virtually all of them got the infection directly from birds, which means it hasn't mutated - and may never mutate - to the point at which it can easily pass from human to human.

Following federal guidelines, Colorado is creating 15 emergency support functions, each headed by a state agency.

For example, the agriculture and natural resources function will be charged with surveying birds, shutting down poultry farms, and stopping the shipment of possibly contaminated birds and the wholesale slaughter of bird populations.

The Colorado Department of Public Health and Environment would keep in daily touch with hospitals to detect any human contamination; the Colorado Department of Transportation would monitor airports and railroads, making decisions on quarantine; and the Division of Emergency Management would oversee assigning experts for quick response.

While it's likely this avian flu will reach Colorado's birds - probably migratory fowl first, then domestic turkeys and chickens - it's hard to predict when that will happen, Calonge said.